

# VENDOR APPLICATION

## State Farmers Market

1201 Agriculture Street

Raleigh, NC 27603

919-733-7417

Issued by: \_\_\_\_\_

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Please complete and return to the market office. Management will review and determine space availability and any other items required for your business. Many areas on the market do have a waiting list at this time. This application expires on December 31<sup>st</sup> of each calendar year.  
To be considered for space you must resubmit an application each year.**

**Business or Farm Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Business or Farm Mailing**

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Street address/PO Box**

**County:** \_\_\_\_\_

**Business or Farm Physical**

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Street address/PO Box**

**County:** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Street address/PO Box**

**County:** \_\_\_\_\_

**Telephone Numbers**

**(PLEASE CIRCLE OR HIGHLIGHT THE PHONE NUMBERS THAT ARE OK TO GIVE OUT TO CUSTOMERS)  
( OTHER NUMBERS WILL ONLY BE USED BY MARKET STAFF IN THE EVENT OF AN EMERGENCY)**

**Business or Farm:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Contact Name(s) & Cell Phone Number(s):** \_\_\_\_\_

**Fax #** \_\_\_\_\_ **Email address** \_\_\_\_\_

**Website address** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Name**

**Home #**

**Cell #**

**Emergency Contact:** \_\_\_\_\_

**Name**

**Home #**

**Cell #**

**Please circle the area you are requesting to sell in:**

**Market Shoppes**

**Farmers Area**

**Wholesale Truckers Shed**

**Craft Shed**

Fully describe experience in agricultural business. Include any farming interest, offsite facilities available, equipment, vehicles, etc. Use additional pages if necessary in describing experience.

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Fully describe type of business. List months you plan to operate. Use additional pages if necessary in describing business. Please list all items that you produce or that you plan to sell.

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Amount of Space Requested\_\_\_\_\_

Do you prefer to (indicate by check mark)

☐ Wholesale Only--Sell only in unbroken containers (excluding melons)

☐ Wholesale and Retail      ☐ Retail Only

Proposal submitted by:\_\_\_\_\_ Date:\_\_\_\_\_